

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6057022280

FILE NUMBER

FILED JUL 8 1957

Registration District No. 314 Primary Registration District No. toll Registrar's No. 29

1. PLACE OF DEATH a. COUNTY St: Clair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Rural - Osceola Polk Yes <input type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Kansas City 3908 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway # U Length of stay in lb				d. STREET ADDRESS (If outside, give location) 1414 E- 77th; Terrace Reside on Farm No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First John Middle Dennis Last Starkey				4. DATE OF DEATH Month June Day 15 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Apr; 27, 1921	
9. AGE (In years last birthday) 36				10. IF UNDER 1 YEAR Months 15 Days 15 Hours 15 Min. 15		11. IF UNDER 24 HRS. Months 15 Days 15 Hours 15 Min. 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and state or country) Kansas City Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME John O. Starkey				14. MOTHER'S MAIDEN NAME Bernice Scanlon			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT John O. Starkey, Kansas City Mo;	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull Fracture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Automobile Overturned DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH Sudden	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Automobile Overturned on Highway # U			
20c. TIME OF INJURY Hour 9:30 a. m. 6-15-57 Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway # U 1 1/2 Mi;		20f. CITY, TOWN, OR LOCATION 093		COUNTY CLAIR STATE MISSOURI	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 9:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>James A. ...</i> (Degree or title) 3				22b. ADDRESS Osceola Missouri		22c. DATE SIGNED 6/15/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY MTCRIVAR		23d. LOCATION (City, town, or county) (State) Ke. Mo	
24. FUNERAL DIRECTOR Goodrich 2 Home		ADDRESS 2 Home Osceola MO		25. DATE RECD. BY LOCAL REG. 6-30-57		26. REGISTRAR'S SIGNATURE <i>Paul ...</i>	

JUL 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Paul J. Martone*

Licensed Embalmer No. *39*

P. O. Address *Aspen*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.